| Under the Paperwork Reduction  | ^⊶ of 1995, no pers   | case are required to respon  |                               | nt and Traden                       | nark Office; U.S  | . DEPARTME                                   | PTO/SB/01 (08-03)<br>06. OMB 0651-0032<br>NT OF COMMERCE   |
|--|---|--|-------------------------------|-------------------------------------|---|--|--|
|  |   |  | Attorney Dock                 |                                     | RP-01729  |  | WIB CONTO NAMED  |
| DECLARATION DE   | FOR UTILI<br>SIGN   | I Y OR   | First Named In                | nventor                             | RONDEA  | U, Pierre                                    |  |
| PATENT A   |   | N  | COMPLETE IF KNOWN             |                                     |   |  |  |
| (37 CF   | R 1.63)   | Ţ-   | Application Nu                | ımber                               | NA  | ***  |  |
| Declaration  | Declara   | tion   | Filing Date                   |                                     | NA  |  |  |
| Submitted OR With Initial  | Filing (s   | urcharge   | Art Unit NA                   |                                     |   |  |  |
| Filing   | (37 CFF<br>required   | R 1.16 (e))  | Examiner Nan                  | ne                                  | NA  |  |  |
| I hereby declare that:  Each inventor's residence, mailing address, and citizenship are as stated below next to their name.  I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |   |  |                               |                                     |   |  |  |
| the specification of which   | Modular Components For An All-Terrain Vehicle  (Title of the Invention) |  |                               |                                     |   |  |  |
| is attached hereto   |   |  |                               |                                     |   |  |  |
|  |   |  |                               |                                     |   |  |  |
| OR   |   |  | ו                             |                                     |   |  |  |
| was filed on (MM/DD/Y  | YYY)  | <del></del>  | as United                     | d States Ap                         | oplication Nu   | ımber or PC                                  | CT International   |
| Application Number   |   | and was amended  | on (MM/DD                     | /YYYY)                              |   |  | (if applicable).   |
| I hereby state that I have revie<br>amended by any amendment   |   |  | of the above                  | identified s                        | specification   | , including t                                | the claims, as   |
| I acknowledge the duty to di<br>continuation-in-part applicatio<br>and the national or PCT intern  | ns, material info   | ormation which bec   | ame availab                   | le betweer                          |   |  |  |
| I hereby claim foreign priority<br>inventor's or plant breeder's r<br>country other than the United<br>application for patent, inventor<br>before that of the application of   | ights certificate<br>States of Amer<br>'s or plant bree                 | (s), or 365(a) of any<br>ica, listed below and<br>der's rights certifica | y PCT intern<br>d have also i | ational applidentified by PCT inter | plication whi<br>pelow, by charing appropriate property in the property of the pr | ich designa<br>ecking the l<br>blication hav | ted at least one<br>box, any foreign<br>ving a filing date |
| Prior Foreign Application Number(s)  | Country   | Foreign Filing<br>(MM/DD/YY)   |                               | Prio<br>Not Cla                     |   | Certified C<br>Yes                           | opy Attached?  |
| Additional foreign applica   |   |  |                               |                                     |   |  |  |

[Page 1 of 2]

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to  | customer Numb  | er: 28735                             | OR   | Correspondence ad                             | aress belov       |
|---|--|---------------------------------------|--|---|-------------------|
| Name  |  |                                       |  |   |                   |
| Address   |  |                                       |  |   |                   |
| City  |  | Stat                                  | 9  | ZIP   |                   |
| Country   | Teleph   | one                                   | Fax  |   |                   |
| I hereby declare that all state and belief are believed to statements and the like so false statements may jeopan | be true; and further that<br>made are punishable by fi | t these statemen<br>ne or imprisonmer | ts were made with<br>it, or both, under 1  | h the knowledge that<br>8 U.S.C. 1001 and tha | willful fais      |
| NAME OF SOLE OR FIRST   | INVENTOR:  | A petition                            | has been filed for   | this unsigned inventor                        |                   |
| Given Name<br>(first and middle [if any])   | 7/1  |                                       | Family Name  |   |                   |
| Inventor's<br>Signature   | Lad  |                                       |  | Date  | 2004              |
| Residence: City St-Denis-de-Brompton  | State  | Cou<br>Cana                           | Reference of the control of the cont | Citizenshipi<br>Canadian                      |                   |
| Mailing Address 1590 Bouffor  | ٠.   |                                       |  |   |                   |
| City  | State<br>Quebec  |                                       | ZIP<br>J0B 2P0   | Country<br>Canada                             |                   |
| Many of Speak of Many and   | iere   |                                       | A porthoniae &   | අලුබන්ගේ න්ටේ අත් ව්වේක ගෙන්ලේ                | ලේ ඇලැක්          |
| Civas decas   |  |                                       | Frank karne  |   |                   |
| (instrancemedia (itany))  |  |                                       |  | 10-4-   |                   |
| Mississicumolife Meison vade  | F/h/>  |                                       |  | Date 08-03-                                   | 2004              |
| (Histand middles (Hany)) Jeannot Inventor's Signature Residences City   |  | (Cana                                 |  | 08-03-  | 2004              |
| ((ilist) and middles (Many)) Jeannot Inventor's Signature Resolutions (City)                                      |  | Cana<br>Cana                          |  | 08-03-  | 2004              |
| (ilistrate middlo (iPany)) Jeannot Inventor's Signature Residences (Clay  |  |                                       |  | 08-03-  | <del>3</del> 00 4 |
| (ilist and middle (Many)) Jeannot Inventor's Signature Resolution City  Actify                                    | Quebec   |                                       |  | 08-03-  | <b>300</b> 4      |

Inventor's

Signature

Residence: City Mailing Address

Mailing Address

PAGE 01

PTO/SB/02A (11-00)

Date

Citizenship

Country

Please type a plus sign (+) inside this son --

Approved for use through 10/31/2002. OMB 0651-0032

Approved for use through 10/31/2002. OMB 0651-0032

Palent and Trecement Office; U.S. DEPARTMENT OF COMMERCE

Palent and Trecement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|                         | DECLARATION                      |       |                                       |           | Sunnis          | ment     | VENTOR(S) sal Sheet of 3. |
|-------------------------|----------------------------------|-------|---------------------------------------|-----------|-----------------|----------|---------------------------|
| Name of Addition        | nal Joint Inventor, If any:      |       | □△                                    | petition  | has been file   | d for th | nls unsigned inventor     |
|                         | ame (first and middle [if any])  |       |                                       |           | Family Na       | me or    | Surname                   |
| AUGER                   | anie finar and imegia fir er. M  |       | Guilla                                | ume       |                 |          |                           |
| Inventor's<br>Signature | Cer lava                         | Acre  | 2                                     | <u> </u>  |                 |          | Date (3-08-2004           |
| Residence: City         |                                  | State | a                                     | ountry    | canada          |          | Citizenship Canadian      |
| Mailing Address         | 171 Du Carmel Street             |       |                                       |           |                 |          |                           |
| Mailing Address         |                                  |       |                                       |           |                 | ,        |                           |
| City                    | Danville                         | Stata |                                       | ZIP J     | 0A 1A0          | Count    | try Canada                |
| Name of Additio         | anal Joint Inventor, if any:     |       |                                       | petition  | n has been file | ed for t | this unsigned inventor    |
|                         | (ame (first and middle [if any]) |       | $\Box$                                |           | Family Na       | ame or   | Sumame                    |
| Mathicu                 | 1,                               | 1     | A                                     | UDET      |                 |          |                           |
| inventor's<br>Signature | Moxfre                           | 1 /   | di                                    |           |                 |          | 02108/2004                |
| Residence: City         | Montreal                         | State | c                                     | ountry    | Canada          |          | Citizenship Canadian      |
| Mailing Address         | 4198 Marcil St.,                 |       | · · · · · · · · · · · · · · · · · · · |           |                 |          |                           |
| Mailing Address         |                                  |       |                                       |           |                 |          |                           |
| City                    | Montreal                         | State |                                       | ZIP       | H24 2Z6         | Co       | untry Canada              |
| Name of Additio         | onal Joint Inventor, if eny:     |       |                                       | A petitio | n has been fi   | led for  | this unsigned inventor    |
| Given N                 | Name (first and middle [if any]) |       |                                       |           | Family N        | ame o    | Surname                   |
|                         |                                  |       |                                       |           |                 | -        |                           |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. SO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENC TO: Assistant Commissioner for Patents. Washington, DC 20231.

State

State

Country

ZIP

PTO/SB/81 (09-03)

Approved for use through 14/30/2005. OMB 0651-0035

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE.

Insurince to respond to a collection of information unless it displays a valid QMB control number.

| Under the Penerwork Reduction Act of 1990, his persons are to | Application Number     | NA  | ` |  |
|---|------------------------|---|---|--|
|   | Filing Date            | NA RONDEAU, Pierre Modular Components For An All- NA NA |   |  |
| POWER OF ATTORNEY   | First Named Inventor   |   |   |  |
| and CORRESPONDENCE ADDRESS                                    | Title                  |   |   |  |
|   | Art Unit               |   |   |  |
| INDICATION FORM   | Examiner Name          |   |   |  |
|   | Atterney Docket Number | RP-01729-US1  |   |  |

| I heraby appoint:   |                                       |                        |              | <del></del>           | <del></del>                           |
|---|---------------------------------------|------------------------|--------------|-----------------------|---------------------------------------|
| The second section of   |                                       |                        |              |                       |                                       |
| Practioners associated w  | Ath the Customer Number:              |                        | 28735        |                       |                                       |
| OR  | ٠ ـ                                   |                        | <u></u>      |                       |                                       |
|   |                                       |                        |              |                       |                                       |
| Practitioner(s) named bei   | BW:                                   |                        |              |                       |                                       |
|   | Name                                  |                        |              | Registration N        | lumber                                |
|   |                                       |                        |              |                       |                                       |
|   |                                       |                        |              |                       |                                       |
|   |                                       |                        |              |                       |                                       |
|   |                                       |                        |              |                       |                                       |
|   |                                       | I                      |              |                       |                                       |
|   |                                       |                        |              |                       |                                       |
| as my/our ettorney(s) or agent(s  | to emegate the emplication is         | neotified above        | and to trans | sact all business     | in the United States Patent and       |
| as my/our exomey(s) or agent(s) Trademark Office connected the          | i) to prosecute the application in    | Beilding approxi       | .,,,         |                       |                                       |
|   |                                       |                        |              |                       |                                       |
| Please recognize or change the  | correspondence address for th         | ne above-identifle     | d applicati  | on lo:                |                                       |
|   |                                       |                        |              |                       |                                       |
| The address associate   | d with the above-mentioned Ci         | ustomer Number         | ;            |                       |                                       |
|   | _                                     |                        |              |                       |                                       |
| OR  | 1                                     |                        |              | {                     |                                       |
| l   | i                                     |                        |              |                       |                                       |
| The address associat  | ed with Customer Number:              |                        |              | ļ.                    |                                       |
| 1   | . г                                   |                        |              |                       |                                       |
| OR  |                                       |                        |              |                       |                                       |
| Firm or   |                                       |                        |              |                       |                                       |
| Individual Name   |                                       |                        |              |                       |                                       |
| Address   |                                       |                        |              |                       |                                       |
| Address   |                                       |                        | Otala I      |                       | Zip                                   |
| City  |                                       |                        | Stele        |                       |                                       |
| Country   |                                       |                        |              |                       |                                       |
| Telephone   |                                       |                        | Fax          |                       |                                       |
| I am the:   |                                       |                        |              |                       |                                       |
| 1 [73]  |                                       |                        |              |                       |                                       |
| Applicant/Invantor.   |                                       |                        |              |                       |                                       |
| Assigned of record of   | the entire interest. See 37 CFR       | 13.71.                 |              |                       |                                       |
| Statement under 37 C  | FR 3.73(b) is enclosed. (Form         | PTO/SB/96)             |              |                       |                                       |
|   | SIGNATURE of                          |                        | signee of    | Record                |                                       |
| Name AUGER Guilleum   |                                       |                        |              |                       |                                       |
| 77  |                                       |                        |              |                       |                                       |
|   | INQ KTUCEY.                           |                        |              | T tologhas - 1        |                                       |
| Date 03-08-   | 2004                                  |                        |              | Telephona             |                                       |
| NOTE: Signatures of all the Invento forms if more than one signature is | rs or essignees of record of the anti | ke interest or their r | upresentetv  | re(s) are required. S | ubmit multiple                        |
| Water of Od   | SECURDO, SOU DEIDW .                  |                        |              |                       | · · · · · · · · · · · · · · · · · · · |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or rotain a benefit by the public which is to file land by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Parent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA 22313-1450. OD NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-809-PTO-9199 and select option 2.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respon

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Application Number     | NA                             |  |
|------------------------|--------------------------------|--|
| Filing Date            | NA                             |  |
| First Named Inventor   | RONDEAU, Pierre                |  |
| Title                  | Modular Components For An All- |  |
| Art Unit               | NA                             |  |
| Examiner Name          | NA                             |  |
| Attorney Docket Number | RP-01366-US3                   |  |

| I have be a secret.  |                         |              |                          |                              |
|--|-------------------------|--------------|--------------------------|------------------------------|
| I hereby appoint:  |                         |              |                          | ٦ .                          |
| Practitioners associated with the Customer Number:   |                         | 28735        | 5                        | ·                            |
| OR ·   |                         |              |                          |                              |
| Practitioner(s) named below:   |                         |              |                          |                              |
| Name   |                         | ·            | Registration Nu          | mber                         |
|  |                         |              |                          |                              |
|  |                         |              |                          |                              |
|  |                         |              |                          |                              |
| as my/our attorney(s) or agent(s) to prosecute the application<br>Trademark Office connected therewith.  | identified above,       | and to tran  | nsact all business in    | the United States Patent and |
|  | the chous identifi      | od applicat  | lian to:                 |                              |
| Please recognize or change the correspondence address for the control of the cont |                         |              | tion to:                 |                              |
| The address associated with the above-mentioned C  | Customer Numbe          | r:           |                          |                              |
| OR   |                         |              |                          |                              |
| The address associated with Customer Number:   |                         | •            | İ                        |                              |
| OR .   |                         |              |                          |                              |
| Firm or Individual Name  |                         |              |                          |                              |
| Address  |                         |              |                          |                              |
| Address  |                         |              |                          |                              |
| City   |                         | State        |                          | Zip                          |
| Country  |                         |              |                          |                              |
| Telephone I am the:  |                         | Fax          | <del></del>              |                              |
| Applicant/Inventor.  |                         |              |                          |                              |
| Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form  |                         |              |                          |                              |
| / . SIGNATURE of   | Applicant or As         | signee of    | Record                   |                              |
| Name AUDE/Matrie   |                         |              |                          |                              |
| Signature / Signature  |                         |              |                          | _                            |
| Date 03/08/04  |                         |              | Telephone 5              | 14-488-1832                  |
| NOTE: Signatures of all the inventors or assignees of record of the ent forms if more than one signature is required, see below*.  | ire interest or their I | epresentativ | re(s) are required. Subn | nit multiple                 |
| *Total of 04 forms are submitted.  |                         |              |                          |                              |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Application Number     | NA                             |
|------------------------|--------------------------------|
| Filing Date            | NA                             |
| First Named Inventor   | RONDEAU, Pierre                |
| Title                  | Modular Components For An All- |
| Art Unit               | NA                             |
| Examiner Name          | NA                             |
| Attorney Docket Number | RP-01366-US3                   |

| I hereby ap              | noint:   |   |                        |                |                        |   |
|--------------------------|--|---|------------------------|----------------|------------------------|---|
| Tileleby ap              | point.   | ·   |                        |                |                        | 一                                       |
| ✓ Prac                   | titioners associated v                                 | vith the Customer Number:                                 |                        | 28735          |                        |   |
| OR                       |  | L   |                        |                |                        |   |
| Prac                     | titioner(s) named bel                                  | ow:   |                        |                |                        |   |
| · -                      |  | Name  | T                      |                | Registration No        | umber                                   |
| <u> </u>                 | •  | ·   |                        |                | <del></del>            |   |
|                          |  |   |                        |                |                        |   |
|                          |  |   |                        |                |                        |   |
|                          |  |   |                        |                |                        |   |
| Ļ                        |  |   |                        |                |                        |   |
| as my/our a<br>Trademark | ittorney(s) or agent(s<br>Office connected the         | ) to prosecute the application is rewith.                 | dentified above,       | and to trans   | sact all business in   | the United States Patent and            |
|                          |  |   |                        | المحمدالمحدا   | 4                      |   |
| Please reco              | ognize or change the                                   | correspondence address for the                            | ne above-identifié     | ed application | on to:                 |   |
| Th                       | ne address associate                                   | d with the above-mentioned C                              | ustomer Number         | :              |                        |   |
| OR                       | •  | Г   |                        |                |                        |   |
|                          |  |   |                        |                |                        |   |
| l L TI                   | he address associate                                   | ed with Customer Number:                                  |                        |                |                        |   |
| OR                       |  |   |                        |                |                        |   |
|                          | Firm or<br>Individual Name                             |   |                        |                |                        |   |
| Addr                     |  |   |                        |                |                        |   |
| Addr                     | ess  |   | -                      |                | <del></del>            | T = .                                   |
| City                     |  |   |                        | State          | ***                    | Zip                                     |
| Cour                     | ohone .  |   |                        | Fax            |                        | · · · · · · · · · · · · · · · · · · ·   |
| I am the:                | ·  |   |                        | Tun            |                        | * |
|                          | pplicant/Inventor.                                     |   |                        |                |                        |   |
|                          | •  | he entire interest. See 37 CFR                            | 3 71                   |                |                        |   |
|                          |  | R 3.73(b) is enclosed. (Form I                            |                        | •              |                        |   |
|                          |  | SIGNATURE of  | Applicant or Ass       | signee of F    | Record                 |   |
| Name                     | BÉLANGER, Jeann  | ot  |                        | ·              |                        |   |
| Signature                |  |   |                        |                |                        |   |
| Date                     |  |   |                        |                | Telephone              |   |
|                          | tures of all the inventors<br>than one signature is re | s or assignees of record of the entirequired, see below*. | e interest or their re | epresentative  | e(s) are required. Sub | omit multiple                           |
| <b>✓</b> *Tota           | al of 04 f   | orms are submitted.                                       |                        |                |                        |   |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Under the Paperwork Reduction Act of 1995, no persons are re | quired to respond to a collection of info | ormation unless it displays a valid OMB control number. |  |  |
|--|---|---|--|--|
| POWER OF ATTORNEY and  | Application Number                        | NA  |  |  |
|  | Filing Date                               | NA  |  |  |
|  | First Named Inventor                      | RONDEAU, Pierre   |  |  |
|  | Title                                     | Modular Components For An All-                          |  |  |
| CORRESPONDENCE ADDRESS                                       | Art Unit                                  | NA  |  |  |
| INDICATION FORM  | Examiner Name                             | NA  |  |  |
|  | Attorney Docket Number                    | RP-01729-US1  |  |  |

|               |   |   |                | •                    |                      | •            |                        |  |
|---------------|---|---|----------------|----------------------|----------------------|--------------|------------------------|--|
| I hereby ap   | ppoint:   |   |                |                      |                      |              |                        |  |
| <b>✓</b> Prac | ctitioners associated v                                 | with the Customer Number:                                       |                | 2873                 | 5                    |              |                        |  |
| OR            |   |   |                |                      |                      |              |                        |  |
| Prac          | ctitioner(s) named be                                   | low:  |                |                      |                      |              |                        |  |
|               |   | Name  | Т              |                      | Registratio          | n Number     |                        |  |
| <u> </u>      | _   |   |                |                      |                      |              | '                      |  |
|               |   |   |                |                      |                      |              |                        |  |
|               |   |   | 1              |                      |                      |              |                        |  |
|               |   |   |                |                      |                      |              |                        |  |
| Ļ             |   |   |                | <del></del>          |                      | ·            |                        |  |
|               | attorney(s) or agent(s<br>: Office connected the        | s) to prosecute the application erewith.                        | identified a   | above, and to tra    | insact all busines   | ss in the Un | ited States Patent and |  |
|               |   |   |                |                      |                      |              |                        |  |
|               | ognize or change the                                    | correspondence address for t                                    | the above-i    | dentified applica    | ition to:            |              |                        |  |
|               | he address associate                                    | ed with the above-mentioned C                                   | Customer N     | lumber:              |                      |              |                        |  |
| OR            |   |   |                |                      |                      |              |                        |  |
| П             | he address associate                                    | ed with Customer Number:  |                |                      |                      |              |                        |  |
| OR            |   |   |                |                      |                      |              |                        |  |
|               | Firm or<br>Individual Name                              |   |                |                      |                      |              |                        |  |
| Addı          | ress  |   |                |                      |                      |              |                        |  |
| Addı          | ress  |   |                |                      |                      |              |                        |  |
| City          |   |   |                | State                |                      | Zip          |                        |  |
| Cou           | phone   |   | <del></del>    | Fax                  |                      |              |                        |  |
| I am the:     | priorie   |   |                | I ax                 |                      |              |                        |  |
|               | pplicant/Inventor.                                      |   |                |                      |                      |              |                        |  |
|               |   | he entire interest. See 37 CFF<br>FR 3.73(b) is enclosed. (Form |                | 6)                   |                      |              |                        |  |
| -             |   | SIGNATURE of  | Applicant      | or Assignee of       | Record               |              |                        |  |
| Name          | RONDEAU, Pierre   |   |                |                      |                      |              | •                      |  |
| Signature     |   |   |                |                      |                      |              |                        |  |
| Date          | Ļ   |   |                |                      | Telephone            |              |                        |  |
|               | atures of all the inventor<br>e than one signature is r | s or assignees of record of the ent equired, see below*.        | ire interest o | r their representati | ive(s) are required. | Submit multi | íple .                 |  |
| <b>✓</b> ∗Tot | al of <u>04</u>   | forms are submitted.  |                |                      |                      |              |                        |  |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.